IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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Clarinda Correctional Facility			<u> </u>
Name of Department or Office 2000 N. 16th Street	Clarinda, IA 51632	analis, maga- maga-	3) in 22 :
Mailing Address	City, State, Zip Code	Ġ	5 1
Area Code & Telephone No.		I N	

	RECIPIENT DEPA	

Meredith Baker	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
meredith.baker@iowa.gov	712-542-6107
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Kim Douthit			
Maine			
Mailing Address	City, State, Zip Code	03/15/17	\$10.00
		Date of Gift or Bequest	Amount/Value*
Area Code & Telephone Nur	nber	*value is defined as "fair man	ket value" of item as determined by e. If no value mark "0.00".
Email Address (optional)			,

Provide a description of the gift or bequest and purpose thereof:

30 lb bag of dog food for the dog program.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

١,	Steve Weis	affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and
as	ssessment of the fair market	alue (if applicable) is correct and true to the best of my knowledge.

Shei5	03/16/17	
Signature	Date	